

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF ILLINOIS

Case number (if known) Chapter 7☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	<u>Analyte Health, Inc.</u>	
2. All other names debtor used in the last 8 years Include any assumed names, trade names and doing business as names		
3. Debtor's federal Employer Identification Number (EIN)	<u>26-3566925</u>	
4. Debtor's address	Principal place of business <u>328 S. Jefferson St., #770</u> <u>Chicago, IL 60661</u> Number, Street, City, State & ZIP Code <u>Cook</u> County	Mailing address, if different from principal place of business P.O. Box, Number, Street, City, State & ZIP Code Location of principal assets, if different from principal place of business Number, Street, City, State & ZIP Code
5. Debtor's website (URL)	<u>analytehealth.com</u>	
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify: _____	

Debtor **Analyte Health, Inc.**
Name

Case number (if known)

7. Describe debtor's business**A. Check one:**

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?**Check one:**

- ☒ Chapter 7
- ☐ Chapter 9
- ☐ Chapter 11. **Check all that apply:**

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- ☒ No
- ☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor	_____	Relationship	_____
District	_____	When	_____
		Case number, if known	_____

Debtor **Analyte Health, Inc.**
Name

Case number (if known)

11. Why is the case filed in this district?*Check all that apply:*

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (*Check all that apply.*)☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other _____**Where is the property?** _____

Number, Street, City, State & ZIP Code

Is the property insured?☐ No☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information**13. Debtor's estimation of available funds***Check one:*

- ☐ Funds will be available for distribution to unsecured creditors.
- ☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors☒ 1-49☐ 50-99☐ 100-199☐ 200-999☐ 1,000-5,000☐ 5001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000**15. Estimated Assets**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☒ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion**16. Estimated liabilities**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☒ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

Debtor **Analyte Health, Inc.**
Name

Document

Page 4 of 71

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **August 23, 2018**
MM / DD / YYYY

X /s/ Munir Ali
Signature of authorized representative of debtor

Title **CEO**

Munir Ali
Printed name

18. Signature of attorney

X /s/ SCOTT R. CLAR
Signature of attorney for debtor

Date **August 23, 2018**
MM / DD / YYYY

SCOTT R. CLAR
Printed name

Crane, Simon, Clar & Dan
Firm name

**Suite 3705
135 South LaSalle Street
Chicago, IL 60603-4297**
Number, Street, City, State & ZIP Code

Contact phone **312-641-6777** Email address

06183741 IL
Bar number and State

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF ILLINOIS

Case number (if known) Chapter 7

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

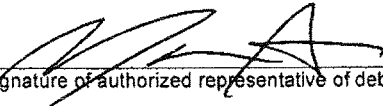
The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

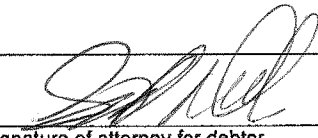
I declare under penalty of perjury that the foregoing is true and correct.

Executed on 08/23/2018
MM/DD/YYYY

X 
Signature of authorized representative of debtor
Title CEO

Munir Ali
Printed name

18. Signature of attorney

X 
Signature of attorney for debtor

Date 8/23/18
MM/DD/YYYY

SCOTT R. CLAR
Printed name

Crane, Simon, Clar & Dan
Firm name

Suite 3705
135 South LaSalle Street
Chicago, IL 60603-4297
Number, Street, City, State & ZIP Code

Contact phone 312-641-6777

Email address sclar@cranesimon.com

06183741 IL
Bar number and State

Fill in this information to identify the case:

Debtor name Analyte Health, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule* _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on August 23, 2018

X /s/ Munir Ali

Signature of individual signing on behalf of debtor

Munir Ali

Printed name

CEO

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Analyte Health, Inc.
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS
Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)
- ☒ Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- ☒ Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- ☒ Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- ☒ Schedule H: Codebtors (Official Form 206H)
- ☒ Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- ☐ Amended Schedule
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 08/23/2018

X [Signature]
Signature of individual signing on behalf of debtor

Munir Ali
Printed name

CEO
Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Analyte Health, Inc.United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206Sum**
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)1a. **Real property:**Copy line 88 from *Schedule A/B*..... \$ 0.001b. **Total personal property:**Copy line 91A from *Schedule A/B*..... \$ 11,687,688.241c. **Total of all property:**Copy line 92 from *Schedule A/B*..... \$ 11,687,688.24**Part 2: Summary of Liabilities**2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ 1,530,080.143. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)3a. **Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ 92,876.223b. **Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ 835,918.464. **Total liabilities**
Lines 2 + 3a + 3b\$ 2,458,874.82

Fill in this information to identify the case:Debtor name Analyte Health, Inc.United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B
Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****2. Cash on hand****\$293.90****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **Square1 Bank****Checking****8307****\$5,093.28****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$5,387.18**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1. **ADT Security - security deposit****\$1,000.00**7.2. **Blue Star Properties - 2 months rent security****\$21,356.20**

Debtor Analyte Health, Inc. Case number (If known) _____
Name

7.3. **Square 1 Bank - Corporate Credit Card Security** **\$50,000.00**

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**
Description, including name of holder of prepayment

8.1. **See Attached** **\$151,805.89**

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$224,162.09

Part 3: Accounts receivable

10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 174,438.14 - 174,438.14 = **\$0.00**
face amount doubtful or uncollectible accounts

11b. Over 90 days old: 17,837,844.98 - 17,837,844.98 = **\$0.00**
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$0.00

Part 4: Investments

13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale				
22.	Other inventory or supplies				
	Lab Kit Inventory		\$0.00		\$2,597.97

Debtor Analyte Health, Inc. Case number (If known) _____
Name23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$2,597.9724. **Is any of the property listed in Part 5 perishable?**☐ No☒ Yes25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**☒ No☐ Yes. Book value _____ Valuation method _____ Current Value _____26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**☒ No☐ Yes**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**☒ No. Go to Part 7.☐ Yes Fill in the information below.**Part 7: Office furniture, fixtures, and equipment; and collectibles**38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**☐ No. Go to Part 8.☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture See Attached	\$0.00		Unknown
40.	Office fixtures See Attached	\$6,024.38	non-transferable	\$0.00
41.	Office equipment, including all computer equipment and communication systems equipment and software Computer Equipment (see attached)	\$3,378.83	N/A	Unknown

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$0.0044. **Is a depreciation schedule available for any of the property listed in Part 7?**☒ No☐ Yes45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**☒ No

Debtor Analyte Health, Inc.
Name

Case number (If known) _____

☐ Yes**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☒ No. Go to Part 9.
- ☐ Yes Fill in the information below.

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☒ No. Go to Part 10.
- ☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
- ☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets <u>See Attached</u>	<u>\$0.00</u>		<u>Unknown</u>
61.	Internet domain names and websites <u>See Attached</u>	<u>\$0.00</u>		<u>Unknown</u>
62.	Licenses, franchises, and royalties			
63.	Customer lists, mailing lists, or other compilations			
64.	Other intangibles, or intellectual property			
65.	Goodwill			
66.	Total of Part 10. Add lines 60 through 65. Copy the total to line 89.			<u>\$0.00</u>
67.	Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
68.	Is there an amortization or other similar schedule available for any of the property listed in Part 10? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
69.	Has any of the property listed in Part 10 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

Debtor Analyte Health, Inc.
Name

Case number (If known) _____

- ☐ No. Go to Part 12.
- ☒ Yes Fill in the information below.

Current value of
debtor's interest

71. **Notes receivable**
Description (include name of obligor)

72. **Tax refunds and unused net operating losses (NOLs)**
Description (for example, federal, state, local)

2016 NOL Carry ForwardTax year 2016\$11,455,541.00

73. **Interests in insurance policies or annuities**

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$11,455,541.00

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

- ☒ No
- ☐ Yes

Debtor Analyte Health, Inc. Case number (If known) _____
 Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$5,387.18	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$224,162.09	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$0.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$2,597.97	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$0.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$0.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$11,455,541.00	
91. Total. Add lines 80 through 90 for each column	\$11,687,688.24	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$11,687,688.24

Part 2 - Deposits & Prepayments

#8 - Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Vendor Name	Address	Amount
ADT	PO BOX 371878, Pittsburgh, PA 15250-7878	\$118.29
American Telemedicine Association	1100 Connecticut Ave NW Suite 540, Washington, DC 20036	\$1,666.79
Ascensus	PO BOX 36472, Newark, NJ 07188-6472	\$1,906.22
Atlassian Sydney	Atlassian Pty Ltd, Level 6, 341 George St, Sydney NSW 2000, Australia	\$416.22
Atlassian Sydney	Atlassian Pty Ltd, Level 6, 341 George St, Sydney NSW 2000, Australia	\$1,625.65
Blue Star Properties	600 W Van Buren Blvd Suite 1000, Chicago, IL 60607	\$16,755.89
BOB (Windstream Holdings)	Attn: Payment Assurance, PO BOX 25326, Little Rock, AR 72221-5326	\$229.00
Carta (Formerly Eshares)	195 Page Mill Rd Suite 101, Palo Alto, CA 94306	\$1,458.27
Exact Target/Salesforce	26487 Network Place, Chicago, IL 60673-1264	\$4,341.55
Google Maps	Google Maps, Inc. Department 33654, PO BOX 39000, San Francisco, CA 94139	\$6,491.72
Guardian	PO BOX 677458, Dallas, TX 75267-7458	\$96.63
Ifbyphone/Dialogtech	75 Remittance Dr. Dept 6234 , Chicago, IL 60675-6234	\$2,313.85
Massey & Gail	50 E Washington Suite 400, Chicago, IL 60602	\$25,000.00
Meltwater News US	Dept LA 23721, Pasadena, CA 91185-3721	\$8,750.00
Mozenda	4626 N 300 W Suite 360, Provo, UT 84604	\$1,458.35
Myriad Supply	22 West 19th St 4th Floor, New York, NY 10011	\$1,291.65
Plante Moran	16060 Collections Center Dr, Chicago, IL 60693	\$5,500.00
SalesForce.com Inc	PO BOX 203141, Dallas, TX 75320-3141	\$10,885.90

SecureSite SSL	555 International Way Springfield, OR 97477	\$374.64
ShareASale STX	15 W Hubbard St Suite 500, Chicago, IL 60654	\$175.20
SolarWinds / Pingdom	PO BOX 730720, Dallas, TX 75373-0720	\$336.97
Steadfast	800 S Wells St, Suite 190, Chicago, IL 60607	\$199.95
TASC	Client Invoices PO BOX 88278, Milwaukee, WI 53288-0001	\$576.10
Trustpilot	245 Fifth Ave 4th Floor, New York, NY 10016	\$250.00
US PATENT TRADEMARK		\$1,375.00
United Healthcare Insurance Company	Dept. CH 10151, Palatine, IL 60055-0151	\$22,843.98
UpToDate (Wolters Kluwer)	230 Third Ave, Waltham, MA 02451-7528	\$83.20
Travelers Insurance	Travelers CL Remittance Center, PO BOX 660317 Dallas, TX 75266-0317	\$3,511.66
Travelers Insurance	Travelers CL Remittance Center, PO BOX 660317 Dallas, TX 75266-0317	\$618.79
First Insurance Funding	PO BOX 7000, Carol Stream, IL 60197-7000	\$7,257.67
First Insurance Funding	PO BOX 7000, Carol Stream, IL 60197-7000	\$3,576.35
	One Penn Plaza, 32nd fl. New York, NY 10119	\$2,800.00
Navigators Insurance Company (paid through Horton)	10320 Orland Parkway, Orland Park, IL 60467	\$598.75
The Horton Group	10320 Orland Parkway, Orland Park, IL 60467	\$625.21
The Horton Group	PO BOX 660916, Dallas, TX 75266-0916	\$575.44
The Horton Group / Travelers Insurance	Travelers CL Remittance Center, PO BOX 660317 Dallas, TX 75266-0317	\$15,721.00
TOTAL		\$151,805.89

furniture & fixtures
as of: 7/31/2018

Depr Period	Item	Classification	Purchase Month	Move related Computer	Purchase Date	Purchase Description	Vendor Name	Account	Cost	Purchase Year	2013	2014	2015	2016	2017	2018	Total Depreciat ion	Book Value as of 7/31
Syr	FF 2013.01	Furniture/Fixtures	Jul		07/10/2013	Dishwasher 24" Ss Dbl Recessed Handle	Abt Electronics	Furniture & Fixtures	1612.16	2013	1612.16	322.432	322.43	322.43	322.43	94.04	1,544.99	67.17

Leashold Improvements
as of: 7/31/2018

Depr Period	Item	Classification	Purchase Month	Move related Computer	Purchase Date	Purchase Description	Vendor Name	Account	Cost	Purchase Year	2015	2016	2017	2018	Total Depreciatio n	Book Value as of 7/31
3 yr	LI2017.01	Leasehold Improvements	Jul		2/25/2017	Install cooling system in server room - upgrades	Shoreline Builders	Leasehold Improvements	9,450.00	2017			1,606.50	1,879.13	3,425.63	6,024.38

Part 3 - Accounts Receivable

#11a & 11b

Customer Name	< 90 Days	> 90 Days	Grand Total
Analyte Physicians Group, S.C.	\$169,936.95	\$17,837,844.98	\$18,007,781.93
Holly Martyn	\$1,856.50		\$1,856.50
Andrew McLaughlin	\$1,395.59		\$1,395.59
Alejandra Haselwood	\$415.68		\$415.68
Everyday Health Media, LLC	\$772.00		\$772.00
Richard Foust	\$61.42		\$61.42
Grand Total	\$174,438.14	\$17,837,844.98	\$18,012,283.12

Description
Analyte Physician Group is a physician controlled entity not owned by Analyte Health but contractually controlled by Analyte Health. Because Analyte Health is in the business of selling medical services, revenue is captured by Analyte Physician Group since patients cannot legally pay a non-physician controlled entity. Analyte Health then bills Analyte Physician Group for administrative and marketing expenses. This amount sits in a receivable for Analyte Physician Group indefinitely. All the revenue Analyte Physician Group receives, minus insurance and physician salaries, is given to Analyte Health to pay down the receivable. Because Analyte Health has never been profitable, this receivable effectively represents a net operating loss on the balance sheet.
Cobra Premium
Cobra Premium
Cobra Premium
Variable Service Fees per Contract Agreement
Cobra Premium

Part 7: Office Furniture, fixtures and equipment; and collectibles

39. - Office furniture

General Description	Qty	Net book Value of debtor's interest	Valuation Method used for current value	Current value of debtor's interest
Curved Cubicle Desks	52	\$0.00	N/A	Unknown
Straight Cubicle Desks	35	\$0.00	N/A	Unknown
Large File Cabinets (4 Drawer)	4	\$0.00	N/A	Unknown
Small File Cabinets (2 Drawer)	8	\$0.00	N/A	Unknown
Office Chairs	60	\$0.00	N/A	Unknown
Large Conference Room Table w/ chairs	1	\$0.00	N/A	Unknown
Small Conference Room Tables	5	\$0.00	N/A	Unknown
TOTAL		\$0.00		

40. - Office fixtures

General Description	Qty	Net book Value of debtor's interest	Valuation Method used for current value	Current value of debtor's interest
HVAC system	1	\$ 6,024.38	non-transferrable	\$0.00
TOTAL		\$ 6,024.38		

41. - Office equipment

General Description	Qty	Net book Value of debtor's interest	Valuation Method used for current value	Current value of debtor's interest
Computer Monitors	50	\$0.00	N/A	Unknown
Computer Laptops	45	\$0.00	N/A	Unknown
Computer Monitors	24	\$0.00	N/A	Unknown
Printers	3	\$0.00	N/A	Unknown
Soda Refrigerator	1	\$0.00	N/A	Unknown
Refrigerator	1	\$0.00	N/A	Unknown
dishwasher	1	\$67.17	N/A	Unknown
VOIP Phones	3	\$38.64	N/A	Unknown
Security Appliance	1	\$436.47	N/A	Unknown
Server Equipment	1	\$1,559.20	N/A	Unknown
Computers	18	\$1,277.35	N/A	Unknown
TOTAL		\$ 3,378.83		
GRAND TOTAL		\$ 9,403.21		

Computer Equipment
as of: 7/31/2018

Computer Equipment
as of: 7/31/2018

Part 10. Intangibles and Intellectual Property. No. 60 Trademarks, Copyrights



United States Patent and Trademark Office

[Home](#) | [Site Index](#) | [Search](#) | [FAQ](#) | [Glossary](#) | [Guides](#) | [Contacts](#) | [eBusiness](#) | [eBiz alerts](#) | [News](#) | [Help](#)

Trademarks > Trademark Electronic Search System (TESS)

TESS was last updated on Mon Aug 20 03:31:02 EDT 2018

[TESS HOME](#) | [NEW USER](#) | [STRUCTURED](#) | [FREE FORM](#) | [BROWSE/DICT](#) | [SEARCH OG](#) | [BOTTOM](#) | [HELP](#)

[Logout](#) Please logout when you are done to release system resources allocated for you.

Record 1 out of 1

[TSDR](#) | [ASSIGN Status](#) | [TTAB Status](#) (Use the "Back" button of the Internet Browser to return to TESS)

Analyte Health

Word Mark ANALYTE HEALTH

Goods and Services IC 042. US 100 101. G & S: Medical laboratory services, including the facilitation of laboratory testing, providing assistance in the interpretation of laboratory results and actionable next steps. FIRST USE: 20101101. FIRST USE IN COMMERCE: 20101201

IC 044. US 100 101. G & S: Provision of health care and medical services by health care professionals via the Internet or telecommunication networks. FIRST USE: 20101101. FIRST USE IN COMMERCE: 20101201

Standard Characters Claimed

Mark Drawing Code (4) STANDARD CHARACTER MARK

Serial Number 87918163

Filing Date May 11, 2018

Current Basis 1A

Original Filing Basis 1A

Owner (APPLICANT) Analyte Health, Inc. CORPORATION DELAWARE Suite 770 328 South Jefferson Street Chicago ILLINOIS 60661

Type of Mark SERVICE MARK

Register PRINCIPAL

Live/Dead Indicator LIVE

[TESS HOME](#) | [NEW USER](#) | [STRUCTURED](#) | [FREE FORM](#) | [BROWSE/DICT](#) | [SEARCH OG](#) | [Top](#) | [HELP](#)

[HOME](#) | [SITE INDEX](#) | [SEARCH](#) | [eBUSINESS](#) | [HELP](#) | [PRIVACY POLICY](#)



United States Patent and Trademark Office

[Home](#) | [Site Index](#) | [Search](#) | [FAQ](#) | [Glossary](#) | [Guides](#) | [Contacts](#) | [eBusiness](#) | [eBiz alerts](#) | [News](#) | [Help](#)

Trademarks > Trademark Electronic Search System (TESS)

TESS was last updated on Mon Aug 20 03:31:02 EDT 2018

[TESS HOME](#) | [NEW USER](#) | [STRUCTURED](#) | [FREE FORM](#) | [BROWSEDIC](#) | [SEARCH OG](#) | [BOTTOM](#) | [HELP](#) | [PREV LIST](#) | [CURR LIST](#) | [NEXT LIST](#) | [FIRST DOC](#) | [PREV DOC](#) | [NEXT DOC](#)

[LAST DOC](#)

[Logout](#) Please logout when you are done to release system resources allocated for you.

[Start](#) List At: OR [Jump](#) to record:

Record 2 out of 23

[TSDR](#) | [ASSIGN Status](#) | [TTAB Status](#) (Use the "Back" button of the Internet Browser to return to TESS)

Health Test Express

Word Mark
Goods and
Services

HEALTH TEST EXPRESS

IC 010. US 026 039 044. G & S: Specimen collection kits comprised of medical implements and tools, including lancets, tubes and vials for collection of bodily fluids necessary for laboratory testing. FIRST USE: 20171101. FIRST USE IN COMMERCE: 20171130

IC 042. US 100 101. G & S: Medical laboratory services, including the facilitation of laboratory testing, providing assistance in the interpretation of laboratory results and actionable next steps. FIRST USE: 20171101. FIRST USE IN COMMERCE: 20171130

IC 044. US 100 101. G & S: Provision of health care and medical services by health care professionals via the Internet or telecommunication networks, including the ordering, review and interpretation of diagnostic testing. FIRST USE: 20171101. FIRST USE IN COMMERCE: 20171130

Standard
Characters
Claimed

Mark Drawing
Code

(4) STANDARD CHARACTER MARK

Serial Number

87918266

Filing Date

May 11, 2018

Current Basis

1A

Original Filing
Basis

1A

Owner

(APPLICANT) Analyte Health, Inc. CORPORATION DELAWARE 770 328 South Jefferson Street Chicago ILLINOIS 60661

Type of Mark

TRADEMARK. SERVICE MARK

Register

PRINCIPAL

Live/Dead
Indicator

LIVE

[TESS HOME](#) | [NEW USER](#) | [STRUCTURED](#) | [FREE FORM](#) | [BROWSEDIC](#) | [SEARCH OG](#) | [TOP](#) | [HELP](#) | [PREV LIST](#) | [CURR LIST](#) | [NEXT LIST](#) | [FIRST DOC](#) | [PREV DOC](#) | [NEXT DOC](#)

[LAST DOC](#)

[HOME](#) | [SITE INDEX](#) | [SEARCH](#) | [eBUSINESS](#) | [HELP](#) | [PRIVACY POLICY](#)



MCCRACKEN &
GILLEN LLC
INTELLECTUAL PROPERTY LAW

Elizabeth Sietsema
Associate
Elizabeth.Sietsema@mfgip.com
(630) 286-7652 Direct

Original via FedEx
November 7, 2017

Analyte Health
Attn: Karen Soares, General Counsel
328 S. Jefferson Street, Suite 770
Chicago, IL 60661

Re: U.S. Copyright Registration No. TX 8-393-654
For: SexualHealth Medical Questionnaire;
Effective Date of Registration: September 29, 2016
Our Ref.: C0490/50020

Dear Karen:

Enclosed is the original Certificate of Registration issued by the United States Copyright Office for the above-identified work. This registration is a record of an asset owned by Analyte Health and should be retained in a safe place with Analyte's other records and official documents.

Notice of registration of the work should be given by marking the work with a copyright notice. An example of a copyright notice is ©Analyte Health 2016. This registration will remain valid for 95 years from the date of its first publication.

If you have any questions concerning this registration or the rights granted thereunder, please do not hesitate to contact us.

Kind Regards,

Elizabeth Sietsema

Enclosure(s)

1315 West 22nd Street, Suite 225, Oak Brook, Illinois 60523
Telephone: (630) 286-7600 Facsimile: (630) 286-7611
www.mfgip.com

Certificate of Registration



This Certificate issued under the seal of the Copyright Office in accordance with title 17, *United States Code*, attests that registration has been made for the work identified below. The information on this certificate has been made a part of the Copyright Office records.

Karen Leigh Clayton

Acting United States Register of Copyrights and Director

Registration Number

TX 8-393-654

Effective Date of Registration:

September 29, 2016

Title

Title of Work: Sexualhealth Medical Questionnaire

Completion/Publication

Year of Completion: 2016
Date of 1st Publication: September 14, 2016
Nation of 1st Publication: United States

Author

• Author: Analyte Health, Inc.
Author Created: revised computer program
Work made for hire: Yes
Citizen of: United States
Domiciled in: United States

Copyright Claimant

Copyright Claimant: Analyte Health, Inc.
328 S. Jefferson Street, Suite 770, Chicago, IL, 60661, United States

Limitation of copyright claim

Material excluded from this claim: text, computer program

New material included in claim: computer program

Rights and Permissions

Organization Name: Analyte Health, Inc.
Address: 328 South Jefferson Suite
Suite 770
Chicago, IL 60661 United States

Certification

Name: Gary R. Gillen
Date: September 29, 2016

Part 10 - Intangibles and Intellectual Property
No. 61 - Internet Domain Names and websites

Domain

HIVTESTINGSANBERNARDINO.COM
AJUGAMEDIA.COM
ANALYTEPHYSICIANGROUP.COM
ANALYTEPHYSICIANSGROUP.COM
ANALYTEMEDIA.COM
TEST2CARE.COM
TEST2CARE.INFO
TEST2CARE.NET
TEST2CARE.ORG
TESTTOCARE.COM
TESTTOCARE.INFO
TESTTOCARE.NET
TESTTOCARE.ORG
DRUGSCREENEXPRESS.COM
DRUGTESTXPRESS.COM
FIBROMYALGIATESTEXPRESS.COM
FIBROMYALGIATESTING.COM
HEALTHTESTXPRESS.COM
MSTESTEXPRESS.COM
MSTESTXPRESS.COM
MULTIPLESCLEROSISTESTEXPRESS.COM
MULTIPLESCLEROSISTESTING.COM
STDTESTINGPALOALTO.COM
ANALYTEPHYSICIAN.COM
ANALYTEPHYSICIAN.NET
ANALYTEPHYSICIAN.ORG
ANALYTEPHYSICIANS.COM
STDTESTEXPRESS.INFO
STDTESTEXPRESS.NET
STDTESTINGCHICAGO.COM
STDTESTINGDALLAS.COM
STDTESTINGDETROIT.COM
STDTESTINGHOUSTON.COM
STDTESTINGJACKSONVILLE.COM
STDTESTINGLOSANGELES.COM
STDTESTINGNEWYORK.COM
STDTESTINGPHILADELPHIA.COM
STDTESTINGPHOENIX.COM

STDTESTINGSANANTONIO.COM
STDTESTINGSANDIEGO.COM
STDTESTINGSANFRANCISCO.COM
STDTESTEXPRESS.ORG
STDTESTEXPRES.COM
STDTESTXPRES.COM
QUEENSSTDTESTING.COM
STDTESTINGWICKERPARK.COM
DNAFITNESSTEST.COM
ANALYTEHEALTH.NET
ANALYTEHEALTH.ORG
STDTESTEXPRESS.COM
STDTESTXPRESS.COM
PREPTESTEXPRESS.COM
PREPTESTEXPRESS.INFO
PREPTESTEXPRESS.NET
PREPTESTEXPRESS.ORG
ANALYTEHEALTH.COM
YOU NEVER REALLY KNOW.COM
STDTESTINGALBUQUERQUE.COM
STDTESTINGANAHEIM.COM
STDTESTINGARLINGTON.COM
STDTESTINGAUSTIN.COM
STDTESTINGBAKERSFIELD.COM
STDTESTINGBIRMINGHAM.COM
STDTESTINGBOISE.COM
STDTESTINGCHARLOTTE.COM
STDTESTINGCHESAPEAKE.COM
STDTESTINGCINCINNATI.COM
STDTESTINGCLEVELAND.COM
STDTESTINGCOLORADOSPRINGS.COM
STDTESTINGDURHAM.COM
STDTESTINGELPASO.COM
STDTESTINGFORTWAYNE.COM
STDTESTINGFRESNO.COM
STDTESTINGGLENDALE.COM
STDTESTINGHENDERSON.COM
STDTESTINGIRVINE.COM
STDTESTINGKANSASCITY.COM
STDTESTINGLAREDO.COM
STDTESTINGLASVEGAS.COM
STDTESTINGLONGBEACH.COM
STDTESTINGMESA.COM

STDTESTINGMILWAUKEE.COM
STDTESTINGMINNEAPOLIS.COM
STDTESTINGNASHVILLE.COM
STDTESTINGNEWORLEANS.COM
STDTESTINGNORFOLK.COM
STDTESTINGOAKLAND.COM
STDTESTINGOKLAHOMACITY.COM
STDTESTINGPITTSBURGH.COM
STDTESTINGPLANO.COM
STDTESTINGPORTLAND.COM
STDTESTINGRENO.COM
STDTESTINGRIVERSIDE.COM
STDTESTINGSACRAMENTO.COM
STDTESTINGSEATTLE.COM
STDTESTINGSTLOUIS.COM
STDTESTINGSTPETERSBURG.COM
STDTESTINGTAMPA.COM
STDTESTINGTOLEDO.COM
STDTESTINGVIRGINIABEACH.COM
STDTESTINGWASHINGTONDC.COM
STDTESTINGWICHITA.COM
STDTESTINGWINSTONSALEM.COM
HIVTESTDALLAS.COM
HIVTESTINGDC.COM
HIVTESTLOSANGELES.COM
SEXUALHEALTH.COM
ANALYTE.ONLINE
ANALYTELABS.COM
ANALYTELABS.NET
ANALYTESOLUTIONS.COM
ANALYTESOLUTIONS.NET
ANALYTETEST.COM
ANALYTETEST.NET
ANALYTETESTS.COM
ANALYTETESTS.NET
HEPATITISTEST.NET
HEALTHTESTEXPRESS.COM
HEALTHTESTEXPRESS.INFO
HEALTHTESTEXPRESS.NET
HEALTHTESTEXPRESS.ORG
ANALYTECARE.COM
LYTECARE.COM
LYTEHEALTH.COM

APGSERVICESINC.COM

CHICAGOHIVTESTING.COM

FRANKCOCKERILL.COM

STDTESTINGATLANTA.ORG

STDTESTINGBOSTON.ORG

STDTESTINGDENVER.ORG

STDTESTINGMIAMI.ORG

STDTESTINGORLANDO.ORG

HEALTHTESTNOW.COM

HIVTESTINGIRVING.COM

Fill in this information to identify the case:Debtor name **Analyte Health, Inc.**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ILLINOIS**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15****Be as complete and accurate as possible.****1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
2.1 Distressed Domains, LLC	Describe debtor's property that is subject to a lien All Assets	\$1,519,349.14	\$0.00
Creditor's Name			
5701 Savoy Drive Houston, TX 77036	Describe the lien		
Creditor's mailing address			
Creditor's email address, if known	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Date debt was incurred	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.			

2.2 First Insurance Funding	Describe debtor's property that is subject to a lien Insurance Policies See Attached Agreement	\$10,731.00	\$0.00
Creditor's Name	Describe the lien		
450 Skokie Blvd., #1000 Northbrook, IL 60062	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Creditor's mailing address	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
Creditor's email address, if known	As of the petition filing date, the claim is: Check all that apply		
Date debt was incurred			
Last 4 digits of account number			
Do multiple creditors have an interest in the same property?			

Debtor **Analyte Health, Inc.**

Name

Case number (if know)

☒ No

☐ Contingent

☐ Yes. Specify each creditor, including this creditor and its relative priority.

☐ Unliquidated

☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$1,530,080.14

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

LENDER:

450 Skokie Blvd, Ste 1000

FIRST INSURANCE[®]
FUNDING
A WINTRUST COMPANY

**COMMERCIAL
PREMIUM FINANCE AGREEMENT**

Northbrook, IL 60062-7917
P:(800) 837-2511 F:(800) 837-3709
www.firstinsurancefunding.com

Quote #: 12796371

INSURED/BORROWER (Name and Address as shown on Policy) Analyte Physicians Group, SC 328 S Jefferson St, Suite 770 Chicago, IL 60661	Customer ID: N/A	AGENT or BROKER (Name and Business Address) THE HORTON GROUP, INC. 10320 ORLAND PARKWAY ORLAND PARK, IL 60467
--	------------------	--

LOAN DISCLOSURE

Total Premiums, Taxes and Fees	Cash Down Payment	Unpaid Premium Balance	Documentary Stamp Tax (only applicable in Florida)	Amount Financed (amount of credit provided on your behalf)	FINANCE CHARGE (dollar amount the credit will cost you)	Total of Payments (amount paid after making all scheduled payments)	ANNUAL PERCENTAGE RATE (cost of credit as a yearly rate)
62,921.52	10,356.67	52,564.85	0.00	52,564.85	1,090.25	53,655.10	4.500 %

YOUR PAYMENT SCHEDULE WILL BE: Mail Payments to: **FIRST Insurance Funding, PO Box 7000, Carol Stream, IL 60197-7000**

Number of Payments	Amount of Each Payment	First Installment Due	Installment Due Dates
10	5,365.51	01/06/2018	6th (Monthly)

SECURITY INTEREST. INSURED/BORROWER ("Insured") grants and assigns FIRST Insurance Funding, A Division of Lake Forest Bank & Trust Company, N.A. ("LENDER") a security interest in the financed policies and any additional premiums required under the financed policies, including (but only to the extent permitted by applicable law) all return premiums, dividend payments, and loss payments which reduce unearned premium, subject to any mortgagee or loss payee interest. If any circumstances exist in which premiums related to any financed policy could become fully earned in the event of loss, LENDER shall be named a loss-payee with respect to such policy.

FINANCE CHARGE. The finance charge begins accruing on the earliest effective date of the policies listed in the Schedule of Policies. The finance charge may include a nonrefundable service charge equal to the maximum amount permitted by law. The finance charge is computed using a 365-day calendar year.

LATE PAYMENT. A late charge will be assessed on any installment at least 5 days in default (7 days in VA; 10 days in MA & TX; or later date as required by law.). This late charge will equal 5% of the delinquent installment or the maximum late charge permitted by law, whichever is less (greater of \$10 or 5% in FL; greater of \$25 or 1.5% in NJ; \$5 maximum in DE, MT and ND; \$100 maximum in MD; 5% in VA).

PREPAYMENT. Insured is entitled to a refund of the unearned finance charge if the loan is prepaid in full. The refund shall be computed according to applicable law.

SCHEDULE OF POLICIES

Policy Number	Full Name of Insurance Company and Name of General Agent or Company Office to Which Premium is Paid	Coverage	Policy Term	Effective Date	Premiums, Taxes and Fees
TBD	C00039-EVANSTON INSURANCE COMPANY G01218-PRO ACCESS [ME:25.000 %, CX:0] [90%PR]	MDML MDMLP	12	12/06/2017 ERN TXS/FEES FIN TXS/FEES	25,149.00 1,080.52 0.00
TBD	C02811-ALLIED WORLD SPECIALTY INS CO G01219-PRO ACCESS [ME:25.000 %, CX:0] [90%PR]	PROF	12	12/06/2017 ERN TXS/FEES FIN TXS/FEES	14,850.00 0.00 0.00
(Policies continued on next page.)				TOTAL	62,921.52

Q# 12796371, PRN: 113017, CFG: A01637-2, RT: A01637-IMM, DD: N/A, BM: Invoice, Qtd For: A01637 Original, Memo 1

INSURED'S AGREEMENT:


1. In consideration of the premium payment by LENDER to the insurance companies listed in the Schedule of Policies, their representative or the Agent or Broker listed above, Insured promises to pay, to the order of LENDER, the Total of Payments subject to all of the provisions of this Agreement.

2. **POWER OF ATTORNEY.** INSURED IRREVOCABLY APPOINTS LENDER AS ITS "ATTORNEY-IN-FACT" with full power of substitution and full authority, in the event of default under this Agreement, to (i) cancel the financed policies in accordance with the provisions contained herein, (ii) receive all sums assigned to LENDER, and (iii) execute and deliver on behalf of Insured all documents relating to the insurance policies listed on the Schedule of Policies ("Financed Policies") in furtherance of this Agreement (clauses (ii) and (iii) are not applicable in Florida). This right to cancel will terminate only after Insured's indebtedness under this Agreement is paid in full.

3. **SIGNATURE & ACKNOWLEDGEMENT.** Insured has signed and received a copy of this Agreement. If Insured is not an individual, the undersigned is authorized to sign this Agreement on behalf of Insured. All named Insured(s), jointly and severally if more than one, agree to all provisions set forth in this Agreement. **Insured acknowledges and understands that entry into this financing arrangement is not required as a condition for obtaining insurance coverage.**

NOTICE TO INSURED: (1) Do not sign this Agreement before you read both pages of it, or if it contains any blank space. (2) You are entitled to a completely filled-in copy of this Agreement. (3) Under the law, you have the right to pay off in advance the full amount due and under certain conditions to receive a partial refund of the finance charge. (4) Keep a copy of this Agreement to protect your legal rights. (5) See last page of Agreement for your consent to electronic statement and notice delivery.

4. **EFFECTIVE DATE.** This Agreement will not become effective until it is accepted in writing by LENDER.

 as Chief Financial Admin 1578202
Signature of Insured or Authorized Agent Date

Signature of Agent Date

FEIN or SSN XX-XXX1622

11/30/17

The undersigned hereby warrants and agrees to the Agent or Broker Representations and Warranties set forth herein.

FIF0617P

Insured: Analyte Physicians Group, S

ADDITIONAL PROVISIONS OF PREMIUM FINANCE AGREEMENT

Quote #: 12796371

5. **DEFAULT/CANCELLATION.** Insured is in default under this Agreement if (a) a payment is not received by LENDER when it is due, (b) a proceeding in bankruptcy, receivership, insolvency or similar proceeding is instituted by or against Insured, or (c) Insured fails to comply with any of the terms of this Agreement; provided, however, when required by law, Insured may be deemed in default only under clause (a) above. Clauses (b) and (c) are not applicable in FL, MD, NV, NC or VA. At any time after default, LENDER can demand and has the right to receive immediate payment of the total unpaid amount due under this Agreement even if LENDER has not received any refund of unearned premium. If Insured is in default, LENDER has no further obligation under this Agreement to pay premiums on Insured's behalf, and LENDER may pursue any of the remedies provided in this Agreement or by law. If a default by Insured results in cancellation of the Financed Policies, Insured agrees to pay a cancellation charge where allowed by law (not permitted in AK, FL, KS, KY, NV, NY, NC, PA, SC, TX or VA). If cancellation or default occurs, Insured agrees to pay LENDER interest on the balance due at the contract rate or at the maximum lawful rate, whichever is less, until the balance is paid in full or until such other date as provided by law.
6. **LIMITATION OF LIABILITY.** Insured understands and agrees that LENDER or its assignee is not liable for any losses or damages to Insured or any person or entity upon the exercise of LENDER's right of cancellation, except in the event of willful or intentional misconduct by LENDER, except in KY.
7. **RETURNED CHECK CHARGE.** If Insured's check is dishonored for any reason and if permitted by law, Insured will pay LENDER a returned check charge equal to the maximum fee permitted by law (\$0 in KY; \$15 in FL & NV; \$20 in VA; maximum of \$25 in MD).
8. **REINSTATEMENT.** Once a Notice of Cancellation has been sent to any insurance company, LENDER has no duty to ask that the Financed Policy be reinstated, even if LENDER later receives a payment from Insured. If LENDER requests reinstatement, such request does not guarantee coverage will be reinstated by the insurance company. Payments that LENDER receives after sending a Notice of Cancellation may be applied to Insured's account without changing any of LENDER's rights under this Agreement.
9. **LENDER'S RIGHTS AFTER THE POLICIES ARE CANCELLED.** After any Financed Policy is cancelled by any party or if a credit is otherwise generated, LENDER has the right to receive all unearned premiums and other funds assigned to LENDER as security herein and to apply them to Insured's unpaid balance under this Agreement or any other agreement between Insured and LENDER (in VA, only to this Agreement). Receipt of unearned premiums does not constitute payment of installments to LENDER, in full or in part. Any amounts received by LENDER after cancellation will be credited to the balance due with any excess paid to Insured; the minimum refund is the greater of \$1.00 or the minimum amount allowed by law (no minimum in VA). Any deficiency shall be immediately paid by Insured to LENDER. Insured agrees that insurance companies may rely exclusively on LENDER's representations about the financed policies.
10. **ASSIGNMENT.** Insured may not assign any Financed Policy or this Agreement without LENDER's prior written consent. LENDER may transfer its rights under this Agreement without the consent of Insured.
11. **AGENT OR BROKER.** Insured agrees that the Agent or Broker issuing the policies or through whom the policies were issued is not the agent of LENDER, except for any action taken on behalf of LENDER with the express authority of LENDER, and LENDER is not bound by anything the Agent or Broker represents to Insured, orally or in writing, that is not contained in this Agreement. Where permissible by law, LENDER may pay some portion of the finance charge or other form of compensation to the Agent or Broker executing this Agreement for aiding in the administration of this Agreement, and in NY the Agent or Broker may assess a fee to Insured for obtaining and servicing the Financed Policies pursuant to NY CLS Ins § 2119. Any questions regarding this payment should be directed to the Agent or Broker.
12. **COLLECTION COSTS.** Insured agrees to pay reasonable attorney fees, court costs, and other collection costs to LENDER to the extent permitted by law if this Agreement is referred to an attorney or collection agent who is not a salaried employee of LENDER to collect money that Insured owes.
13. **GOVERNING LAW.** This Agreement is governed by and interpreted under the laws of the state where Insured resides, except for conflict of laws principles thereof. If any court finds any part of this Agreement to be invalid, such finding shall not affect the remaining provisions of this Agreement.
14. **WARRANTY OF ACCURACY.** Insured represents and warrants that to the best of its knowledge (i) the Financed Policies are in full force and effect and that Insured has not and will not assign any interest in the policies except for the interest of mortgagees and loss payees, (ii) that none of the Financed Policies are for personal, family or household purposes, (iii) the Cash Down Payment and any past due payments have been paid in full to the Agent or Broker in cash or other immediately available funds, (iv) all information provided herein or in connection with this Agreement is true, correct, complete and not misleading, (v) Insured is not insolvent nor presently involved in any insolvency proceeding, (vi) Insured has no indebtedness to the insurers issuing the Financed Policies, and (vii) there is no provision in the Financed Policies that would require LENDER to notify or obtain consent from any other party to effect cancellation of such policies.
15. **ADDITIONAL PREMIUMS.** Insured agrees to fully and timely comply with all audits and pay to the insurance company any additional amount due in connection with the Financed Policies. The Amount Financed shall be applied to the Financed Policies' premium amounts and Insured shall be responsible for any additional premiums or other sums. Insured, or Agent/Broker, may request that LENDER finance additional policies and/or additional premium during the term of this Agreement, and if LENDER agrees, this Agreement shall be deemed amended accordingly. Should LENDER assign an account number to further extensions of credit, then a) this Agreement and loan documents identified by the assigned account number(s) shall be deemed to comprise a single and indivisible loan transaction, b) Insured shall irrevocably appoint LENDER as its attorney in fact in connection with additional amount financed, c) default under any component of the transaction shall constitute a default under the entire transaction, and d) unearned premium relating to any component of the transaction may be collected and applied to the entire loan transaction balance.
16. **CORRECTIONS.** LENDER may insert the names of the insurance companies and policy numbers, if this information is not known at the time Insured signs this Agreement. LENDER is authorized to correct patent errors or omissions in this Agreement (not applicable in KY or VA).
17. **NON-WAIVER.** Not Applicable.
18. **THIRD PARTY FEE.** Not Applicable.

Federal law requires all financial institutions to obtain, verify and record information that identifies each person or entity that is granted a loan. LENDER will require such information as LENDER deems reasonably necessary for proper identification, such as your name, street address, FEIN, SSN or date of birth. LENDER will use this information only to process this Agreement and will not share this information with outside parties except to the extent necessary to complete this transaction.

AGENT OR BROKER REPRESENTATIONS AND WARRANTIES

Unless previously disclosed in writing to LENDER or specified in the Schedule of Policies, the Agent or Broker executing this Agreement expressly represents, warrants, and agrees as follows: (1) Insured has received a copy of this Agreement and has authorized this transaction, Insured's signature is genuine, and the cash down payment has been received from Insured, (2) the information contained in the Schedule of Policies including the premium amount is correct and accurately reflects the necessary coverage, (3) the policies listed in the Schedule of Policies (a) are in full force and effect, (b) are cancellable by Insured or LENDER (or its successors or assigns), (c) will generate unearned premiums which will be computed on the standard short rate or pro rata basis, and (d) do not contain any provisions which affect the standard short rate or pro rata premium computation, including but not limited to direct company bill, audit, reporting form, retrospective rating, or minimum or fully earned premium, (4) the Agent or Broker is either the insurer's authorized policy issuing agent or the broker placing the coverage directly with the insurer, except where the name of the Issuing Agent or General Agent is listed in the Schedule of Policies, (5) to the best of the Agent or Broker's knowledge, there are no bankruptcy, receivership, or insolvency proceedings affecting Insured, (6) Agent or Broker will hold harmless and indemnify LENDER and its successors and assigns against any loss or expense (including attorney's fees, court costs, and other costs) incurred by LENDER and resulting from Agent or Broker's violations of these Representations and Warranties or from Agent or Broker's errors, omissions, or inaccuracies in preparing this Agreement, (7) Agent or Broker will (a) hold in trust for LENDER any payments made or credited to Insured through or to Agent or Broker by the insurance companies or LENDER, and (b) pay these monies and the unearned commissions to LENDER upon demand to satisfy the outstanding indebtedness under this Agreement, and (8) to fully and timely assist with all payroll audits.

California Borrowers: **FOR INFORMATION CONTACT THE DEPARTMENT OF FINANCIAL INSTITUTIONS, STATE OF CALIFORNIA**

FIF0617P

SCHEDULE OF POLICIES

Insured: Analyte Physicians Group, S
Quote #: 12796371

Policy Number	Full Name of Insurance Company and Name of General Agent or Company Office to Which Premium is Paid	Coverage	Policy Term	Effective Date	Premiums, Taxes and Fees
TBD	C00080-ATLANTIC SPECIALTY INSURANCE CO G01219-PRO ACCESS [ME:25.000 %, CX:0] [90%PR]	E&O	12	12/06/2017 ERN TXS/FEES FIN TXS/FEES	21,842.00 0.00 0.00

Fill in this information to identify the case:Debtor name **Analyte Health, Inc.**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ILLINOIS**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address Christopher Jowett 1810 N. Walcott Chicago, IL 60622	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$17,679.17	\$17,679.17
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Owed Severance Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address Kevin Weinstein 1168 S. Plymouth 1 Southwest Chicago, IL 60605	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$75,197.05	\$75,197.05
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Owed Severance Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims**3. List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

Debtor	Analyte Health, Inc. Name	Case number (if known)
--------	-------------------------------------	------------------------

3.1	Nonpriority creditor's name and mailing address Argo Translation, Inc. 1884 Johns Drive Glenview, IL 60025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$360.75
-----	---	---	-----------------

3.2	Nonpriority creditor's name and mailing address Ayumetrix, LLC 6655 SW Hampton St. Tigard, OR 97223 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,542.60
-----	--	---	--------------------

3.3	Nonpriority creditor's name and mailing address Chicago Commercial Cleaning Co. P.O. Box 4779 Chicago, IL 60680 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,420.00
-----	--	---	-------------------

3.4	Nonpriority creditor's name and mailing address Delaware Secretary of State Division of Corporations P.o. Box 5509 Binghamton, NY 13902-5509 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,960.52
-----	---	---	-------------------

3.5	Nonpriority creditor's name and mailing address First Choice Coffee Services 3535 Commercial Ave. Northbrook, IL 60062-1848 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$109.00
-----	--	---	-----------------

3.6	Nonpriority creditor's name and mailing address Google Adwords - STX Dept. 33654 P.O. Box 39000 San Francisco, CA 94139 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$99,887.67
-----	--	---	--------------------

3.7	Nonpriority creditor's name and mailing address Healthline Media P.O. Box 392170 Pittsburgh, PA 15251 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,278.50
-----	--	---	--------------------

Debtor	Analyte Health, Inc. Name _____	Case number (if known) _____
--------	---	------------------------------

3.8	Nonpriority creditor's name and mailing address IQuity Labs c/o LBMC W Squared P.O. Box 5168 Brentwood, TN 37024 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,992.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-----	---	---

3.9	Nonpriority creditor's name and mailing address LabCorp P.O. Box 12140 Burlington, NC 27216-2140 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,176.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-----	---	---

3.10	Nonpriority creditor's name and mailing address Logical Media Group The Ocean Agency 445 W. Erie Street, Suite 208 Chicago, IL 60654 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	---

3.11	Nonpriority creditor's name and mailing address Massey & Gail, LLP 50 E. Washington, Suite 400 Chicago, IL 60602 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,270.27 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	---

3.12	Nonpriority creditor's name and mailing address PayScale 75 Remittance Dr. Suite 1343 Chicago, IL 60675-1343 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,252.67 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	---

3.13	Nonpriority creditor's name and mailing address Plante & Moran, PLLC 16060 Collections Center Dr. Chicago, IL 60693 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$10,294.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	--

3.14	Nonpriority creditor's name and mailing address Quest Diagnostics ATL P.O. Box 740736 Atlanta, GA 30374-0736 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$51,704.77 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	--

Debtor Analyte Health, Inc.		Case number (if known) _____	
Name _____			
3.15	Nonpriority creditor's name and mailing address Quest Diagnostics AUM 13138 Collections Ctr Dr. Chicago, IL 60693-0131 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,617.59
3.16	Nonpriority creditor's name and mailing address Quest Diagnostics BMD P.O. Box 829787 Philadelphia, PA 19182-9787 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,346.05
3.17	Nonpriority creditor's name and mailing address Quest Diagnostics CMA 5763 Collections Ctr Dr. Chicago, IL 60693-0057 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,484.86
3.18	Nonpriority creditor's name and mailing address Quest Diagnostics DAL P.O. Box 841725 Dallas, TX 75284-1725 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42,371.52
3.19	Nonpriority creditor's name and mailing address Quest Diagnostics DLO Diagnostic Laboratory of OK P.O. Box 676324 Dallas, TX 75267-6324 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,801.58
3.20	Nonpriority creditor's name and mailing address Quest Diagnostics HOU P.O. Box 841725 Dallas, TX 75284-1725 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,322.28
3.21	Nonpriority creditor's name and mailing address Quest Diagnostics KOP P.O. Box 828669 Philadelphia, PA 19182-8669 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,352.86

Debtor **Analyte Health, Inc.**

Case number (if known) _____

Name

3.22	Nonpriority creditor's name and mailing address Quest Diagnostics LEX P.O. Box 530458 Atlanta, GA 30353-0458 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,627.72
3.23	Nonpriority creditor's name and mailing address Quest Diagnostics MAL Mid America 6704 Reliable Pkwy Chicago, IL 60686-0067 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,980.82
3.24	Nonpriority creditor's name and mailing address Quest Diagnostics MIA P.O. Box 530440 Atlanta, GA 30353-0440 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,187.83
3.25	Nonpriority creditor's name and mailing address Quest Diagnostics PGH 2249 Collection Center Dr. Chicago, IL 60693-0022 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,089.97
3.26	Nonpriority creditor's name and mailing address Quest Diagnostics PNW 31010599 P.O. Box 91514 Los Angeles, CA 90074-1514 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,421.97
3.27	Nonpriority creditor's name and mailing address Quest Diagnostics PNW 60661120 AK P.O. Box 91514 Los Angeles, CA 90074-1514 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,016.16
3.28	Nonpriority creditor's name and mailing address Quest Diagnostics STL P.O. Box 14730 Saint Louis, MO 63150-4730 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42,537.50

Debtor	Analyte Health, Inc. Name _____	Case number (if known) _____
--------	---	------------------------------

3.29	Nonpriority creditor's name and mailing address Quest Diagnostics TAM P.O. Box 530440 Atlanta, GA 30353-0440 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,364.32
------	---	--	--------------------

3.30	Nonpriority creditor's name and mailing address Quest Diagnostics TBR 7402 Collection Center Dr. Chicago, IL 60693 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32,784.98
------	---	--	--------------------

3.31	Nonpriority creditor's name and mailing address Quest Diagnostics WCT 2025 Collections Ctr Dr. Chicago, IL 60693-0020 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,231.17
------	--	--	-------------------

3.32	Nonpriority creditor's name and mailing address Quest Diagnostics WDL 12989 Collections Center Dr. Chicago, IL 60693-0129 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$71,513.78
------	--	--	--------------------

3.33	Nonpriority creditor's name and mailing address Quest Diagnostics WHC P.O. Box 50368 Los Angeles, CA 90074-0368 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$48,575.56
------	--	--	--------------------

3.34	Nonpriority creditor's name and mailing address Quest Diagnostics WHC 73911310 P.O. Box 50368 Los Angeles, CA 90074-0368 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$64,055.37
------	---	--	--------------------

3.35	Nonpriority creditor's name and mailing address Rise Interactive One South Wacker Dr. Suite 300 Chicago, IL 60606 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35,066.66
------	--	--	--------------------

Debtor Analyte Health, Inc.		Case number (if known) _____	
Name			

3.36	Nonpriority creditor's name and mailing address Romz Technology & tSTD.org 330 N. Wabash, Suite 3300 Chicago, IL 60611 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Pending Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
------	---	--	----------------

3.37	Nonpriority creditor's name and mailing address S-Net Telecom 2860 S. Rivers Rd. Suite 220 Des Plaines, IL 60018 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,869.88
------	---	---	-------------------

3.38	Nonpriority creditor's name and mailing address SCORG Technologies Pvt. Ltd. 302, Karan Selene Bhadarkar Road Above Yes Bank Pune Maharashtra, INDIA 411004 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,460.00
------	--	---	-------------------

3.39	Nonpriority creditor's name and mailing address Sonora Quest Laboratories 1255 W. Washington Street Tempe, AZ 85281 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,380.94
------	--	---	-------------------

3.40	Nonpriority creditor's name and mailing address Square 1 Bank Credit Card P.O. Box 31021 Tampa, FL 33631-3021 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33,064.84
------	--	---	--------------------

3.41	Nonpriority creditor's name and mailing address Sunrise Medical Laboratories 250 Miller Place Hicksville, NY 11801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,814.00
------	---	---	-------------------

3.42	Nonpriority creditor's name and mailing address The Hartford P.O. Box 660916 Dallas, TX 75266-0916 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,274.00
------	---	---	-------------------

Debtor **Analyte Health, Inc.**

Case number (if known) _____

Name

3.43 Nonpriority creditor's name and mailing address

**The Shred Authority
4101 W. 124th Place
Alsip, IL 60803**

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _____

Is the claim subject to offset? ☒ No ☐ Yes**\$55.00**

3.44 Nonpriority creditor's name and mailing address

**Trustpilot, Inc.
245 Fifth Avenue, 4th Floor
New York, NY 10016**

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _____

Is the claim subject to offset? ☒ No ☐ Yes**\$1,000.00**

3.45 Nonpriority creditor's name and mailing address

**Whole Life Challenge, Inc.
929 Colorado Ave., Suite 117
Santa Monica, CA 90401**

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _____

Is the claim subject to offset? ☒ No ☐ Yes**\$4,000.00****Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts5a. \$ **92,876.22**5b. + \$ **835,918.46**5c. \$ **928,794.68**

Fill in this information to identify the case:

Debtor name Analyte Health, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B). *Property*

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Office Lease**

State the term remaining **September 2018 - October 2019**

List the contract number of any government contract _____

**BlueStar Properties
600 W. Van Buren Blvd., #1000
Chicago, IL 60607**

2.2. State what the contract or lease is for and the nature of the debtor's interest **Financing for Insurance Premiums**

State the term remaining **2 remaining payments**

List the contract number of any government contract _____

**First Insurance Funding Corp.
PO Box 7000
Carol Stream, IL 60197-7000**

Fill in this information to identify the case:

Debtor name Analyte Health, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name	Mailing Address	Name	Check all schedules that apply:
2.1	Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2	Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3	Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4	Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:Debtor name Analyte Health, Inc.United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****Sources of revenue**
Check all that apply**Gross revenue**
(before deductions and exclusions)**From the beginning of the fiscal year to filing date:**From 1/01/2018 to **Filing Date**☒ Operating a business☐ Other _____\$4,015,496.76**For prior year:**From 1/01/2017 to 12/31/2017☒ Operating a business☐ Other _____\$7,249,112.39**For year before that:**From 1/01/2016 to 12/31/2016☒ Operating a business☐ Other _____\$9,240,000.00**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☐ None.**Description of sources of revenue****Gross revenue from each source**
(before deductions and exclusions)**From the beginning of the fiscal year to filing date:**From 1/01/2018 to **Filing Date**Cashback Rewards, Interest Income, Sale of Assets\$7,930.56**For prior year:**From 1/01/2017 to 12/31/2017Cashback Rewards, Interest Income, Sale of Assets\$6,225.89**For year before that:**From 1/01/2016 to 12/31/2016Cashback Rewards, Interest Income, Sale of Assets\$1,951.56**Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

Debtor **Analyte Health, Inc.**

Case number (if known)

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. See Attached		\$0.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. Kevin Weinstein 1168 S. Plymouth, 1SW Chicago, IL 60605 Former CEO	8/22/17 - 8/15/18	\$320,736.08	\$261,203.17 Salaries, \$24,532.91 Expense Reimbursements and \$35,000 Severance
4.2. Franklin Cockerill 346 W. 22nd Street, Apt. 2 New York, NY 10011 Former Board Member	8/22/17 - 8/17/2018	\$119,425.95	\$118,971.32 Salaries, \$454.63 Expense Reimbursements

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
-----------------------------	--------------------------	------	-------------------

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
-----------------------------	---	-----------------------	--------

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

Debtor **Analyte Health, Inc.**

Document

Page 49 of 71

Case number (if known)

☐ None.Case title
Case number

Nature of case

Court or agency's name and
address

Status of case

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☐ None**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**☐ None

Recipient's name and address

Description of the gifts or contributions

Dates given

Value

Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☐ NoneDescription of the property lost and
how the loss occurred

Amount of payments received for the loss

If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.

List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).

Dates of loss

Value of property
lost**Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.Who was paid or who received
the transfer?
Address

If not money, describe any property transferred

Dates

Total amount or
value

11.1. Crane, Simon, Clar & Dan
Suite 3705
135 South LaSalle Street
Chicago, IL 60603-4297

Attorney Fees

\$10,335.00

Email or website address

Who made the payment, if not debtor?

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

Debtor **Analyte Health, Inc.**

Document

Page 50 of 71

Case number (if known)

☐ None.

Name of trust or device

Describe any property transferred

Dates transfers
were madeTotal amount or
value**13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.Who received transfer?
AddressDescription of property transferred or
payments received or debts paid in exchangeDate transfer
was madeTotal amount or
value**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address

Dates of occupancy
From-To**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services
the debtor providesIf debtor provides meals
and housing, number of
patients in debtor's care**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**☐ No.☐ Yes. State the nature of the information collected and retained.**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**☐ No. Go to Part 10.☐ Yes. Does the debtor serve as plan administrator?**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**

Debtor **Analyte Health, Inc.**

Document

Page 51 of 71

Case number (if known)

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
--	---------------------------------	-------------------------------	--	---

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☐ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
---	--	-----------------------------	-----------------------

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
---------------------------	-----------------------------------	-----------------------------	-----------------------

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None
Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.
☐ No.

☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	----------------------------------	--------------------	----------------

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

Debtor **Analyte Health, Inc.**

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	------------------------------------	-----------------------------	----------------

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	------------------------------------	-----------------------------	----------------

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
		Dates business existed

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
26a.1. Grace Martinez 525 W. 36th St. Chicago, IL 60609	10/2009 - present
26a.2. Mike Medema 4524 Lawn Ave. Western Springs, IL 60558	06/2010 - 3/2018
26a.3. Alejandra Haselwood 4928 W. Winona St. Chicago, IL 60630	11/2013 - 09/2017
26a.4. Lisa Ortega 3525 N. Odell Chicago, IL 60634	09/2017 - present

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
26b.1. Plante Moran 10 S. Riverside Plaza, 10th Floor Chicago, IL 60606	2009 - 2018

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

- ☐ None

Debtor **Analyte Health, Inc.**

Case number (if known)

Name and address**If any books of account and records are unavailable, explain why**

26c.1. **Analyte Health, Inc.**
328 Jefferson St., #770
Chicago, IL 60661

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address

26d.1. **See Attached**

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

- ☒ No
☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory**Date of inventory****The dollar amount and basis (cost, market, or other basis) of each inventory**

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name**Address****Position and nature of any interest****% of interest, if any****Munir Ali****27319 Pendleton Trace Drive
Spring, TX 77386****CEO****100% through sole membership of APX Holdings, LLC**

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☐ No
☒ Yes. Identify below.

Name**Address****Position and nature of any interest****Period during which position or interest was held****Fiyyaz Pirani****3333 Allen Parkway, Unit 1506
Houston, TX 77019****CEO****8/2/18 - 8/19/18****Name****Address****Position and nature of any interest****Period during which position or interest was held****Kevin Weinstein****1168 S. Plymouth, SW1
Chicago, IL 60605****CEO****5/25/17 - 8/1/18****30. Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
☒ Yes. Identify below.

Debtor **Analyte Health, Inc.**

Case number (if known)

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1 See Part 2, #4			
Relationship to debtor			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund	Employer Identification number of the parent corporation

Debtor Analyte Health, Inc.

Document

Page 55 of 71

Case number (if known) _____

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on August 23, 2018

/s/ Munir Ali

Signature of individual signing on behalf of the debtor

Munir Ali

Printed name

Position or relationship to debtor CEO

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☐ No☒ Yes

Fill in this information to identify the case:

Debtor name Analyte Health, Inc.
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS
Case number (if known) _____

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

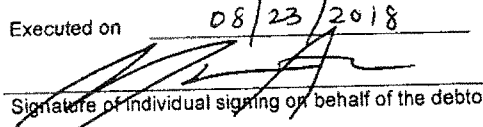
Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 08/23/2018


Signature of individual signing on behalf of the debtor

Munir Ali
Printed name

Position or relationship to debtor CEO

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No
☐ Yes

Part 2 : List of Certain Transfers Made Before Filing for Bankruptcy

Date	Num	Vendor	Amount	Reasons
05/31/2018	7499	Ashik Desai	-500.00	Services
05/31/2018	7500	TASC	-694.95	Services
05/31/2018	7501	BlueStar 328 S Jefferson Chicago GH, LLC	-794.09	Suppliers or vendors
05/31/2018	7502	Sonora Quest Laboratories	-3,745.31	Suppliers or vendors
05/31/2018	7503	Blue Star Properties	-16,755.89	Suppliers or vendors
05/31/2018	7504	First Insurance Funding Corp	-5,365.51	Secured Debt
05/31/2018	7505	Windstream Holdings, Inc. (Formerly BOB)	-229.00	Suppliers or vendors
05/31/2018	7506	Ayumetrix LLC	-12,029.07	Suppliers or vendors
05/31/2018	7507	ADT Security Services	-241.98	Suppliers or vendors
05/31/2018	7508	The Shred Authority	-55.00	Suppliers or vendors
05/31/2018	7509	Pure Water Tech Chicagoland (Formerly Time Payment Corp)	-59.95	Suppliers or vendors
05/31/2018	7510	Chicago Commercial Cleaning Company, LLC	-1,200.00	Suppliers or vendors
05/31/2018	7511	Guardian	-2,099.43	Suppliers or vendors
05/31/2018	7512	UnitedHealthcare Insurance Company	-23,490.77	Suppliers or vendors
05/31/2018	7513	Argo Translation, Inc.	-462.50	Suppliers or vendors
05/31/2018	7514	Perkins Coie LLP	-407.50	Services
05/31/2018	7515	Healthline Media	-9,811.00	Suppliers or vendors
05/31/2018	7516	Plante & Moran, PLLC	-15,092.00	Services
05/31/2018	7517	IQutly Labs	-5,489.00	Suppliers or vendors
05/31/2018	7518	Trustpilot, Inc.	-500.00	Suppliers or vendors
06/04/2018	Wire	LyteYear Group, LLC	-16,350.20	Services
06/15/2018	7519	Massey & Gail LLP	-30,254.62	Services
06/15/2018	7520	Much Sheilst	-6,870.00	Services
06/15/2018	7521	STEADFAST NETWORKS	-199.95	Suppliers or vendors
06/15/2018	7522	S-Net Telecom	-2,914.60	Suppliers or vendors
06/15/2018	7523	Ashik Desai	-500.00	Services
06/15/2018	7524	First Choice Coffee Services	-109.00	Suppliers or vendors
06/15/2018	7525	Sunrise Medical Laboratories	-2,641.00	Suppliers or vendors
06/15/2018	7526	Travelers Insurance	-5,921.50	Suppliers or vendors

06/15/2018	7527	Google Adwords - STX	-111,500.86 Suppliers or vendors
06/15/2018	7528	MDV Management Co., LLC	-2,086.44 Services
06/15/2018	7529	eFax Plus Service	-26.90 Suppliers or vendors
06/15/2018	7531	Windstream Holdings, Inc. (Formerly BOB)	-229.00 Suppliers or vendors
06/15/2018	7533	The Hartford	-2,942.00 Suppliers or vendors
06/15/2018	7534	Quest Diagnostics ATL	-16,388.26 Suppliers or vendors
06/15/2018	7535	Quest Diagnostics AUM	-3,825.93 Suppliers or vendors
06/15/2018	7536	Quest Diagnostics CMA	-3,526.31 Suppliers or vendors
06/15/2018	7537	Quest Diagnostics DAL	-18,018.35 Suppliers or vendors
06/15/2018	7538	Quest Diagnostics HOU	-10,317.47 Suppliers or vendors
06/15/2018	7539	Quest Diagnostics KOP	-15,971.46 Suppliers or vendors
06/15/2018	7540	Quest Diagnostics LEX	-3,239.80 Suppliers or vendors
06/15/2018	7541	Quest Diagnostics MAL	-3,314.01 Suppliers or vendors
06/15/2018	7542	Quest Diagnostics MIA	-6,595.88 Suppliers or vendors
06/15/2018	7543	Quest Diagnostics PGH	-2,572.15 Suppliers or vendors
06/15/2018	7544	Quest Diagnostics PNW 31010599	-6,714.46 Suppliers or vendors
06/15/2018	7545	Quest Diagnostics PNW 60661120 AK	-397.35 Suppliers or vendors
06/15/2018	7546	Quest Diagnostics STL	-11,634.05 Suppliers or vendors
06/15/2018	7547	Quest Diagnostics TAM	-11,149.90 Suppliers or vendors
06/15/2018	7548	Quest Diagnostics WCT	-643.83 Suppliers or vendors
06/15/2018	7549	Quest Diagnostics WDL	-20,262.17 Suppliers or vendors
06/15/2018	7550	Quest Diagnostics WHC	-16,447.37 Suppliers or vendors
06/15/2018	7551	Quest Diagnostics WHC 73911310	-22,893.89 Suppliers or vendors
06/15/2018	7552	Quest Diagnostics TBR	-8,708.20 Suppliers or vendors
06/15/2018	7553	Quest Diagnostics BMD	-425.97 Suppliers or vendors
06/18/2018	ACH	Square 1 Bank Credit Card	-66,693.13 Suppliers or vendors
06/29/2018	7554	Edgy Digital, L.L.C.	-150.00 Suppliers or vendors
06/29/2018	7555	Ashik Desai	-500.00 Services
06/29/2018	7556	Quest Diagnostics PGH	-6,880.91 Suppliers or vendors
06/29/2018	7557	Guardian	-1,923.46 Suppliers or vendors
06/29/2018	7558	UnitedHealthcare Insurance Company	-25,477.84 Suppliers or vendors
06/29/2018	7559	Chicago Commercial Cleaning Company, LLC	-1,420.00 Suppliers or vendors
06/29/2018	7560	Pure Water Tech Chicagoland (Formerly Time Payment Corp)	-59.95 Suppliers or vendors
06/29/2018	7561	BlueStar 328 S Jefferson Chicago GH, LLC	-797.48 Suppliers or vendors

06/29/2018	7562	ADT Security Services	-121.89 Suppliers or vendors
06/29/2018	7563	Blue Star Properties	-16,755.89 Suppliers or vendors
06/29/2018	7564	STEADFAST NETWORKS	-199.95 Suppliers or vendors
06/29/2018	7565	S-Net Telecom	-2,871.53 Suppliers or vendors
06/29/2018	7566	First Insurance Funding Corp	-5,365.51 Secured Debt
06/29/2018	7567	Sonora Quest Laboratories	-4,214.41 Suppliers or vendors
06/29/2018	7568	SalesForce.com Inc.	-657.81 Suppliers or vendors
06/29/2018	7569	Massey & Gail LLP	-28,862.25 Services
06/29/2018	7570	Rise Interactive	-17,333.33 Services
06/29/2018	7571	Dialogtech (Formerly IFBYPHONE, INC.)	-5,000.00 Suppliers or vendors
06/29/2018	7572	Argo Translation, Inc.	-164.65 Suppliers or vendors
06/29/2018	7573	The Shred Authority	-55.00 Suppliers or vendors
06/29/2018	7574	Healthline Media	-6,936.00 Suppliers or vendors
06/29/2018	Wire	SCORQ Technologies Pvt. Ltd.	-3,520.00 Services
07/16/2018	7575	Ashik Desai	-500.00 Services
07/16/2018	7577	IQuity Labs	-3,493.00 Suppliers or vendors
07/16/2018	7579	Argo Translation, Inc.	-549.45 Suppliers or vendors
07/16/2018	7580	Windstream Holdings, Inc. (Formerly BOB)	-229.00 Suppliers or vendors
07/16/2018	7581	eFax Plus Service	-196.15 Suppliers or vendors
07/16/2018	7583	The Shred Authority	-55.00 Suppliers or vendors
07/16/2018	7584	Healthline Media	-5,721.50 Suppliers or vendors
07/16/2018	7585	Quest Diagnostics ATL	-14,564.20 Suppliers or vendors
07/16/2018	7587	Quest Diagnostics BMD	-332.48 Suppliers or vendors
07/16/2018	7589	Quest Diagnostics DAL	-12,873.98 Suppliers or vendors
07/16/2018	7591	Quest Diagnostics HOU	-9,379.80 Suppliers or vendors
07/16/2018	7592	Quest Diagnostics KOP	-15,805.77 Suppliers or vendors
07/16/2018	7593	Quest Diagnostics LEX	-2,923.43 Suppliers or vendors
07/16/2018	7595	Quest Diagnostics MIA	-6,197.83 Suppliers or vendors
07/16/2018	7597	Quest Diagnostics PNW 31010599	-6,170.72 Suppliers or vendors
07/16/2018	7598	Quest Diagnostics PNW 60661120 AK	-180.24 Suppliers or vendors
07/16/2018	7600	Quest Diagnostics TAM	-10,434.20 Suppliers or vendors
07/16/2018	7604	Quest Diagnostics WHC	-14,414.51 Suppliers or vendors
07/16/2018	7605	Quest Diagnostics WHC 73911310	-20,811.84 Suppliers or vendors
07/16/2018	7606	Sunrise Medical Laboratories	-1,563.00 Suppliers or vendors

07/16/2018	7607	Much Shellist	-7,707.00 Services
07/16/2018	7608	Massey & Gail LLP	-22,033.98 wer
07/16/2018	7609	Trustpilot, Inc.	-500.00 Suppliers or vendors
07/16/2018	7610	Google Adwords - STX	-91,682.15 Suppliers or vendors
07/16/2018	7611	Rise Interactive	-17,333.33 Services
07/23/2018	7613	FPK Services LLC - Principal	-500,000.00 Secured Debt
07/24/2018	7614	Laura L. Passero	-2,750.00 Services
07/24/2018	7615	Gigi Engle	-600.00 Services
07/27/2018	7616	First Choice Coffee Services	-385.79 Suppliers or vendors
07/31/2018	7617	Blue Star Properties	-16,755.89 Suppliers or vendors
07/31/2018	7618	BlueStar 328 S Jefferson Chicago GH, LLC	-832.56 Suppliers or vendors
07/31/2018	7619	Medical Electronic Systems LLC	-45.99 Suppliers or vendors
07/31/2018	7620	Ashik Desai	-500.00 Services
07/31/2018	7621	UnitedHealthcare Insurance Company	-22,843.98 Suppliers or vendors
07/31/2018	7622	Illinois Department of Revenue	-208.04 Suppliers or vendors
07/31/2018	7623	ADT Security Services	-120.09 Suppliers or vendors
07/31/2018	7624	Guardian	-1,987.40 Suppliers or vendors
07/31/2018	7625	First Insurance Funding Corp	-5,365.52 Secured Debt
07/31/2018	7626	STEADFAST NETWORKS	-199.95 Suppliers or vendors
07/31/2018	7627	Pure Water Tech Chicagoland (Formerly Time Payment Corp)	-59.95 Suppliers or vendors
07/31/2018	7628	Logical Media Group/The Ocean Agency	-6,000.00 Services
07/31/2018	7629	Creative Fish Design	-585.00 Services
07/31/2018	7630	Dialogtech (Formerly IFBYPHONE, INC.)	-5,000.00 Suppliers or vendors
07/05/2018	Wire	LyteYear Group, LLC	-14,444.00 Services
07/31/2018	7631	The Horton Group, Inc.	-15,721.00 Suppliers or vendors
07/31/2018	7633	Much Shellist	-26,678.00 Services
07/17/2018	Wire	SCORG Technologies Pvt. Ltd.	-2,520.00 Services
07/24/2018	ACH	Square 1 Bank Credit Card	-46,149.12 Suppliers or vendors
08/13/2018	7634	eFax Plus Service	-195.25 Suppliers or vendors
08/13/2018	7635	Illinois Department of Revenue	-591.44 Suppliers or vendors
08/15/2018	Wire	Massey & Gail LLP	-25,000.00 Services

08/15/2018	Wire	Massey & Gail LLP	-4,631.50 Services
08/15/2018	Wire	Much Shelist	-14,807.50 Services
08/15/2018	Wire	Plante & Moran, PLLC	-5,500.00 Services
08/15/2018	Wire	Dialogtech (Formerly IFBYPHONE, INC.)	-5,000.00 Suppliers or vendors
05/25/2018	Wire	Molecular Testing Labs	-7,500.00 Suppliers or vendors
06/01/2018	Wire	Molecular Testing Labs	-10,000.00 Suppliers or vendors
06/21/2018	Wire	Molecular Testing Labs	-7,500.00 Suppliers or vendors
07/05/2018	Wire	Molecular Testing Labs	-7,500.00 Suppliers or vendors
05/31/2018	ACH	PAYCOR INC.	-122.91 Suppliers or vendors
06/15/2018	ACH	PAYCOR INC.	-274.02 Suppliers or vendors
06/29/2018	ACH	PAYCOR INC.	-113.02 Suppliers or vendors
07/13/2018	ACH	PAYCOR INC.	-319.07 Suppliers or vendors
07/31/2018	ACH	PAYCOR INC.	-113.02 Suppliers or vendors
08/15/2018	ACH	PAYCOR INC.	-301.22 Suppliers or vendors
08/20/2018	ACH	PAYCOR INC.	-100.04 Suppliers or vendors
06/13/2018	ACH	QuickBooks Payments	-11.13 Suppliers or vendors
06/01/2018	ACH	Square 1 Bank - Interest	-11,406.22 Secured Debt
06/01/2018	ACH	Square 1 Bank - Principal	-50,000.00 Secured Debt
06/15/2018	ACH	Square 1 Bank - Analysis Fee	-77.47 Suppliers or vendors
07/02/2018	ACH	Square 1 Bank - Interest	-11,022.16 Secured Debt
07/02/2018	ACH	Square 1 Bank - Principal	-50,000.00 Secured Debt
07/17/2018	ACH	Square 1 Bank - Analysis Fee	-110.23 Suppliers or vendors
08/15/2018	ACH	Square 1 Bank - Analysis Fee	-134.81 Suppliers or vendors
07/24/2018	ACH	Square 1 Bank Credit Card	-50,000.00 Secured Debt
TOTAL Transfer Made before filing for Bankruptcy			-\$ 1,858,312.67

FPK Services, LLC purchased the senior secured note when it was under default status on July 20th, 2018. The note was previously owned by Square 1 Bank who had frozen approximately the \$950,000 bank balance. FPK Services, LLC Agreed to unfreeze the bank account if a \$500,000 payment was made towards the principal balance.

Part 13: Details About the Debtor's Business or Connections to Any Business

#26d

Name	Address
Square1 Bank	406 Blackwell St, Ste 240, Durham, NC 27701
FPK Services, LLC	5821 Southwest Freeway, Ste 600, Houston, TX 77057
Starfish Technologies LLC	3333 Allen Parkway, Unit 1506, Houston TX 77019
Distress Domains LLC	27319 Pendleton Trace Drive, Spring, TX 77386
APX Holding LLC	27319 Pendleton Trace Drive, Spring, TX 77386
Multiplier Capital	16427 N. Scottsdale Road Suite 410 Scottsdale, AZ 85254
Runway Growth	205 N Michigan Avenue Suite 4200 Chicago, IL 60601
Escalate Capital Partners	300 W. Sixth Street Suite 2230 Austin, TX 78701
Superior Business Lending	1532 West Wolfram Street Chicago, IL 60657
Horizon Technology	312 Farmington Avenue Farmington, CT 06032
EverlyWell	800 West Caesar Chavez St, Austin, TX 78701
Readerlink	1420 Kensington Rd # 300, Oak Brook, IL 60523

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court
Northern District of Illinois**

In re **Analyte Health, Inc.**

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	10,335.00
Prior to the filing of this statement I have received	\$	10,335.00
Balance Due	\$	0.00

2. \$ **335.00** of the filing fee has been paid.
3. The source of the compensation paid to me was:
☒ Debtor ☐ Other (specify):
4. The source of compensation to be paid to me is:
☒ Debtor ☐ Other (specify):
5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
d. [Other provisions as needed]
7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:
adversary proceedings, complaints to determine dischargeability of debt and complaints objecting to discharge, redemption proceedings, abandonment proceedings, motions to dismiss or to convert the Chapter 7 case to another Chapter under the Bankruptcy Code or representation of the Debtor in such a converted case.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

August 23, 2018

Date

/s/ SCOTT R. CLAR

SCOTT R. CLAR

Signature of Attorney

Crane, Simon, Clar & Dan

Suite 3705

135 South LaSalle Street

Chicago, IL 60603-4297

312-641-6777 Fax: 312-641-7114

Name of law firm

United States Bankruptcy Court
Northern District of Illinois

In re Analyte Health, Inc.

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:
- | | | |
|---|----|------------------|
| For legal services, I have agreed to accept | \$ | <u>10,335.00</u> |
| Prior to the filing of this statement I have received | \$ | <u>10,335.00</u> |
| Balance Due | \$ | <u>0.00</u> |
2. \$ 335.00 of the filing fee has been paid.
3. The source of the compensation paid to me was:
- ☒ Debtor ☐ Other (specify):
4. The source of compensation to be paid to me is:
- ☒ Debtor ☐ Other (specify):
5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
- ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - d. [Other provisions as needed]
7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:
- adversary proceedings, complaints to determine dischargeability of debt and complaints objecting to discharge, redemption proceedings, abandonment proceedings, motions to dismiss or to convert the Chapter 7 case to another Chapter under the Bankruptcy Code or representation of the Debtor in such a converted case.**

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Date

8/23/18

SCOTT R. CLAR

Signature of Attorney

Crane, Simon, Clar & Dan
Suite 3705

135 South LaSalle Street

Chicago, IL 60603-4297

312-641-6777 Fax: 312-641-7114

Name of law firm

**United States Bankruptcy Court
Northern District of Illinois**

In re **Analyte Health, Inc.**

Debtor(s)

Case No.

Chapter

7

VERIFICATION OF CREDITOR MATRIX

Number of Creditors: **51**

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: **August 23, 2018**

/s/ Munir Ali

Munir Ali/CEO

Signer/Title

United States Bankruptcy Court
Northern District of Illinois

In re Analyte Health, Inc.

Debtor(s)

Case No.
Chapter

7

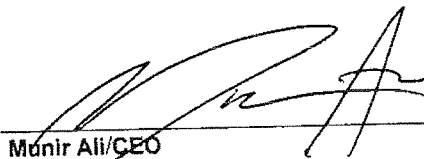
VERIFICATION OF CREDITOR MATRIX

Number of Creditors: 51

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date:

08/23/2018


Munir Ali/CEO
Signer/Title

Argo Translation, Inc.
1884 Johns Drive
Glenview, IL 60025

Case 18-23880 Doc 1
Filed 08/23/18 Entered 08/23/18 16:49:04
Debt Document Page 68 of 71
Copley Blvd - STX
Dep. 33654
P.O. Box 39000
San Francisco, CA 94139

Quest Diagnostics AUM
13138 Collections Ctr Dr.
Chicago, IL 60693-0131

Ayumetrix, LLC
6655 SW Hampton St.
Tigard, OR 97223

Healthline Media
P.O. Box 392170
Pittsburgh, PA 15251

Quest Diagnostics BMD
P.O. Box 829787
Philadelphia, PA 19182-9787

BlueStar Properties
600 W. Van Buren Blvd., #1000
Chicago, IL 60607

IQuity Labs
c/o LBMC W Squared
P.O. Box 5168
Brentwood, TN 37024

Quest Diagnostics CMA
5763 Collections Ctr Dr.
Chicago, IL 60693-0057

Chicago Commercial Cleaning Co.
P.O. Box 4779
Chicago, IL 60680

Kevin Weinstein
1168 S. Plymouth
1 Southwest
Chicago, IL 60605

Quest Diagnostics DAL
P.O. Box 841725
Dallas, TX 75284-1725

Christopher Jowett
1810 N. Walcott
Chicago, IL 60622

LabCorp
P.O. Box 12140
Burlington, NC 27216-2140

Quest Diagnostics DLO
Diagnostic Laboratory of OK
P.O. Box 676324
Dallas, TX 75267-6324

Delaware Secretary of State
Division of Corporations
P.o. Box 5509
Binghamton, NY 13902-5509

Logical Media Group
The Ocean Agency
445 W. Erie Street, Suite 208
Chicago, IL 60654

Quest Diagnostics HOU
P.O. Box 841725
Dallas, TX 75284-1725

Distressed Domains, LLC
5701 Savoy Drive
Houston, TX 77036

Massey & Gail, LLP
50 E. Washington, Suite 400
Chicago, IL 60602

Quest Diagnostics KOP
P.O. Box 828669
Philadelphia, PA 19182-8669

First Choice Coffee Services
3535 Commercial Ave.
Northbrook, IL 60062-1848

PayScale
75 Remittance Dr.
Suite 1343
Chicago, IL 60675-1343

Quest Diagnostics LEX
P.O. Box 530458
Atlanta, GA 30353-0458

First Insurance Funding
450 Skokie Blvd., #1000
Northbrook, IL 60062

Plante & Moran, PLLC
16060 Collections Center Dr.
Chicago, IL 60693

Quest Diagnostics MAL
Mid America
6704 Reliable Pkwy
Chicago, IL 60686-0067

First Insurance Funding Corp.
PO Box 7000
Carol Stream, IL 60197-7000

Quest Diagnostics ATL
P.O. Box 740736
Atlanta, GA 30374-0736

Quest Diagnostics MIA
P.O. Box 530440
Atlanta, GA 30353-0440

Quest Diagnostics PGH 18-23880
2249 Collection Center Dr.
Chicago, IL 60693-0022

Doc 1

Rise Interactive
On South Wacker Dr.
Suite 300
Chicago, IL 60606

Entered 08/23/18
Page 69 of 71

Whole Life Challenge, Inc.
929 Colorado Ave., Suite 117
Santa Monica, CA 90401

Quest Diagnostics PNW 31010599
P.O. Box 91514
Los Angeles, CA 90074-1514

Romz Technology & tSTD.org
330 N. Wabash, Suite 3300
Chicago, IL 60611

Quest Diagnostics PNW 60661120 AK
P.O. Box 91514
Los Angeles, CA 90074-1514

S-Net Telecom
2860 S. Rivers Rd. Suite 220
Des Plaines, IL 60018

Quest Diagnostics STL
P.O. Box 14730
Saint Louis, MO 63150-4730

SCORG Technologies Pvt. Ltd.
302, Karan Selene Bhadarkar Road
Above Yes Bank
Pune Maharashtra, INDIA 411004

Quest Diagnostics TAM
P.O. Box 530440
Atlanta, GA 30353-0440

Sonora Quest Laboratories
1255 W. Washington Street
Tempe, AZ 85281

Quest Diagnostics TBR
7402 Collection Center Dr.
Chicago, IL 60693

Square 1 Bank Credit Card
P.O. Box 31021
Tampa, FL 33631-3021

Quest Diagnostics WCT
2025 Collections Ctr Dr.
Chicago, IL 60693-0020

Sunrise Medical Laboratories
250 Miller Place
Hicksville, NY 11801

Quest Diagnostics WDL
12989 Collections Center Dr.
Chicago, IL 60693-0129

The Hartford
P.O. Box 660916
Dallas, TX 75266-0916

Quest Diagnostics WHC
P.O. Box 50368
Los Angeles, CA 90074-0368

The Shred Authority
4101 W. 124th Place
Alsip, IL 60803

Quest Diagnostics WHC 73911310
P.O. Box 50368
Los Angeles, CA 90074-0368

Trustpilot, Inc.
245 Fifth Avenue, 4th Floor
New York, NY 10016

**United States Bankruptcy Court
Northern District of Illinois**

In re **Analyte Health, Inc.**

Debtor(s)

Case No.

Chapter

7

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Analyte Health, Inc.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

APEX Holdings, LLC
sole shareholder of the Debtor

☐ None [*Check if applicable*]

August 23, 2018

Date

/s/ SCOTT R. CLAR

SCOTT R. CLAR

Signature of Attorney or Litigant
Counsel for **Analyte Health, Inc.**

Crane, Simon, Clar & Dan

Suite 3705

135 South LaSalle Street

Chicago, IL 60603-4297

312-641-6777 Fax:312-641-7114

United States Bankruptcy Court
Northern District of Illinois

In re Analyte Health, Inc.

Debtor(s)

Case No.

Chapter

7

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for Analyte Health, Inc. in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

APEX Holdings, LLC
sole shareholder of the Debtor

☐ None [Check if applicable]

Date

8/23/18


SCOTT R. CLAR

Signature of Attorney or Litigant
Counsel for Analyte Health, Inc.

Crane, Simon, Clar & Dan

Suite 3705

135 South LaSalle Street

Chicago, IL 60603-4297

312-641-6777 Fax:312-641-7114